



NOTICE OF APPEAL FROM THE PRIMARY EXAMINER  
TO THE BOARD OF APPEALS

Applicants: David de Graaf and Eric S. Lander

Serial No.: 09/916,179 / Group Art Unit: 1634 /

Filed: July 25, 2001 Examiner: Chakrabarti, Arun K.

Confirmation No.: 7115

For: DIFFERENTIAL GENE EXPRESSION IN INTESTINAL POLYPS

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450	
on <u>6/25/03</u>	<u>Jennifer Warner</u>
Date	Signature
<u>Jennifer Warner</u>	
Typed or printed name of person signing certificate	

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Appeals from the decision dated March 25, 2003 of the Primary Examiner finally rejecting claims 1, 4-14, and 17-19. The item checked below are appropriate:

- ☐ Applicant hereby petitions to extend the time for filing a Notice of Appeal in response to the Office Action Made Final dated [ ] for [ ] month(s) from [ ] to [ ].
- ☐ A [ ] month extension of time to respond to the Office Action Made Final dated [ ] was filed on [ ] with payment of a \$[ ] fee.

☐ Applicant hereby petitions for an additional [ ] month extension of time to respond to the Office Action Made Final.

06/30/2003 SLUANG1 00000015 09916179

01 FC:14013. ☐ A Request for Oral Hearing before the Board of Patent Appeals and Interferences is being filed concurrently herewith.

## 4. Fees are submitted for the following:

<input type="checkbox"/>	Extension of Time for [      ] month(s)	\$	_____
<input type="checkbox"/>	Additional Extension of Time:		
	Fee for Extension    ([      ] mo.)	\$	_____
	Less fee paid        ([      ] mo.)	- \$	_____
	Balance of fee due	\$	0
<input checked="" type="checkbox"/>	Notice of Appeal	\$	320
<input checked="" type="checkbox"/>	Other <u>Amendment After Final</u>	\$	204
	TOTAL	\$	<u>524</u>

## 5. The method of payment for the total fees is as follows:

☒ A check in the amount of **\$524.00** is enclosed.

☐ Please charge Deposit Account No. 08-0380 in the amount of \$[              ].

Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. A copy of this document is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH, REYNOLDS, P.C.

By Karen J. Townsend  
Karen J. Townsend  
Registration No.: 50,675  
Telephone: (978) 341-0036  
Facsimile: (978) 341-0136

Concord, MA 01742-9133

Date: June 25, 2003